

**AUTHORIZATION TO RELEASE FINANCIAL AID INFORMATION**

**RETURN TO:**  
CAL POLY  
FINANCIAL AID OFFICE  
SAN LUIS OBISPO, CA 93407  
**FAX: (805) 756-7243**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

EmplID# \_\_\_\_\_

Phone # \_\_\_\_\_

I hereby authorize and request California Polytechnic State University to discuss all information relating to my financial aid with the individual(s) named in this document:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Identifier SS#** \_\_\_\_\_ **(or) Date of Birth** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Identifier: SS#** \_\_\_\_\_ **(or) Date of Birth** \_\_\_\_\_

In the event damages should occur due to the release of such information, the undersigned agrees to hold California Polytechnic State University harmless.

A copy of this authorization is as valid as the original.  
This document will remain in effect until revoked by student in writing.

**Student Name (*Print*)** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_